

ADDRESS CHANGE NOTIFICATION

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Retired Members: This form is for HOME ADDRESS ONLY and is **NOT** to be used for DIRECT DEPOSIT Bank addresses.

Note: This will change your Home Address with **ALL** RSA accounts.

Membership

- ☐ Employees' Retirement System
- ☐ Teachers' Retirement System
- ☐ Judicial Retirement Fund
- ☐ RSA-1
- ☐ PEIRAF
- ☐ PEEHIP

Name: _____

Social Security Number: _____ - _____ - _____

Employer: _____
(Active Members Only)

Effective Date of New Address: ____ / ____ / ____

Status

- ☐ Active
- ☐ Inactive
- ☐ Retired
- ☐ Beneficiary Receiving

Retired Members Only (Check below if applicable)

- ☐ I receive more than one monthly payment from RSA.
- ☐ I wish to receive a form to request setup or change Direct Deposit to my bank.

Old Address

Street or P. O. Box

City

State

Zip Code

New Address

Street or P. O. Box

City

State

Zip Code

Signature _____

Date _____